

KIDSNET Update



November – December 2009
Volume 5, Issue 11

KIDSNET facilitates the collection and appropriate sharing of health data with healthcare providers, parents, MCH programs and other child service providers for the provision of timely and appropriate preventive health and follow up.

Rhode Island Department
of Health
Center for Health Data
and Analysis
KIDSNET Program
3 Capitol Hill Room 302
Providence, RI 02908
Phone: 1.800.942.7434
Fax: 401.222.1442
Email: kidsnet@health.ri.gov

KIDSNET Program Contacts:

Sam Viner-Brown, Chief

Ellen Amore, Program Manager

Kim Salisbury-Keith,
Development Manager

Janet Limoges,
Provider Relations

Data Management/Data Quality:
Joel Balkum
Evan Bessette
AJ Lizarda
Nikolaos Petropoulos

Jeannine Warrenner, Programmer

KIDSNET Welcomes: *Bradley Hospital Child Care Consultants, Family Physicians of Newport, and St. Michael's Country Day School*

Clinician's H1N1 Questions and Answers on Dosage and Administration

(1) *Can H1N1 influenza vaccine be administered at the same visit as other vaccines?*

Inactivated H1N1 influenza vaccine can be administered at the same visit as any other vaccine, including pneumococcal polysaccharide vaccine. Live H1N1 influenza vaccine can be administered at the same visit as any other live or inactivated vaccine EXCEPT seasonal live attenuated influenza vaccine.

(2) *The interval between H1N1 influenza vaccine doses, for children 6 months through 9 years, is stated as "approximately 1 month" in the package inserts. What does "approximately 1 month" mean?*

CDC recommends that the two doses of H1N1 influenza vaccine be separated by 4 weeks. CDC states that if the second dose is separated from the first dose by at least 21 days, the second dose can be considered to be valid. If the interval separating the doses is less than 21 days, the second dose should be repeated four weeks after the first dose was given.

(3) *If seasonal live attenuated influenza vaccine (LAIV) and H1N1 LAIV are given during the same visit, do either or both doses need to be repeated, and if so, when?*

There are no data on the administration of seasonal and 2009 H1N1 LAIV during the same visit. CDC's Advisory Committee on Immunization Practices (ACIP) recommends that seasonal and 2009 H1N1 LAIV not be administered during the same visit. However, if both types of LAIV are inadvertently administered during the same visit, neither vaccine needs to be repeated.

(4) *If seasonal and H1N1 LAIV are not administered on the same day, but are separated by less than 14 days (2 weeks), do either or both doses need to be repeated, and if so, when?*

Seasonal LAIV and H1N1 LAIV should not be administered at the same visit, and should be separated by 28 days based on previous studies of attenuated influenza vaccine virus replication and immune response. If the interval between administration of seasonal LAIV and H1N1 LAIV is from 1-13 days, the vaccine more recently administered should be repeated. Please review the attached table for more information on dose spacing and administration with seasonal influenza and other vaccines.

Source: http://www.cdc.gov/h1n1flu/vaccination/clinicians_qa.htm

KIDSNET Reports

Immunization Report

In October and / or November 2009, the following **48** pediatric practices ran the missing immunization report:

Arcand Family Medicine, Inc., Associates In Primary Care Medicine, Bayside Family Healthcare, Inc., Blackstone Valley Community Healthcare - Central Falls, Bristol County Pediatrics, Broadway Medical Treatment Center, LLC, Capitol Hill Health Center – PCHC, Charles J. Deangelis, MD, FAAP, LTD, Children First Pediatrics, Douglas S. Foreman, DO, Duane T. Golomb, MD, East Bay Community Action Program, East Bay Family Health Care, East Bay Pediatrics and Adolescent Medicine, East Side Pediatrics, Family Care Center at Memorial Hospital, Family Medicine Specialists, Inc., Family Physicians of Newport, Family Treatment Center, Gary G. King, DO, Graham J. Newstead, MD, Hillside Avenue Family and Community Medicine, Jennifer Souther, MD, Kate O'Heelan, Kent County Pediatrics, Lincoln Pediatric Associates, Lindentree Family Health Center, Mill River Pediatrics, Narragansett Indian Health Center, Northwest Health Center, P.R.I.M.A., Pediatric Associates, Inc., Polly E. Leonard, DO, Rainbow Peds Pedi Primary Care – Hasbro, Richard K. Ohnmacht, MD, LTD, Smithfield Pediatrics, South County Pediatric Group, Spectrum Family Health, Inc., Stuart V. Demirs, MD, Sunshine Pediatrics, Thundermist Health Center of South County, Tri Town Health Center, University Medical Group – Cranston, Usha Stokoe, MD, Wakefield Pediatrics, LLC, Warren Family Practice Associates, Westerly Pediatrics and Wood River Health Services

Lead Screening Report

In October and / or November 2009, the following **25** pediatric practices ran the report for children never screened for lead poisoning:

Atwood Pediatrics, Inc., Bayside Family Healthcare, Inc., Capitol Hill Health Center – PCHC, Chad P. Nevola, MD, Charles J. DeAngelis, MD, FAAP, LTD, Cumberland Pediatrics, Inc., Douglas S. Foreman, DO, Duane T. Golomb, MD, East Greenwich Family Practice, East Bay Pediatrics and Adolescent Medicine, Family Medicine Specialists, Inc., Family Treatment Center, Gary G. King, DO, Jennifer Souther, MD, Kate O'Heelan, Mill River Pediatrics, Northwest Health Center, Pediatric Associates, Inc., South County Pediatric Group, Stuart V. Demirs, MD, Thundermist Health Center of South County, University Medical Group – Cranston, University Pediatrics, Westerly Pediatrics and Wood River Health Services

ACIP recommendations for use of Hiberix

Hiberix is licensed for use as the booster (final) dose for Hib vaccination for children aged 15 months through 4 years (before the 5th birthday) who have received a primary Hib vaccination series of 2 or 3 doses (depending on the formulation of the primary series vaccines). ACIP recommends Hib booster dosing at ages 12 through 15 months. To facilitate timely booster vaccination, Hiberix and other Hib conjugate vaccines can be administered as early as age 12 months, in accordance with Hib vaccination schedules for routine and catch-up immunization. Hiberix is not licensed for the primary Hib vaccination series; however, if Hiberix is administered inadvertently during the primary vaccination series, the dose should be counted as a valid PRP-T dose that does not need to be repeated if it was administered according to schedule. In these children, a total of 3 doses will complete the routine primary series.

<http://www.cdc.gov/mmwr/preview/mmwrhtml/mm5836a5.htm>

Childhood Immunization Coalition

If you are interested in participating in the Childhood Immunization Coalition, please contact Kathy Marceau at Kathy.Marceau @health.ri.gov or 401.222.4624

2010 Meeting Times

January 21 (Thursday)
March 25 (Thursday)
June 24 (Thursday)
September 23 (Thursday)

Time: 12:00-2:00

Location: Rhode Island Department of Administration
Conference Room A-Upper Level



Happy Holidays,

from your friends at KIDSNET